

Your patient would like to begin a moderate-intensity exercise program at Griffin Health. Please see the checked off program that your patient is currently looking to participate in, below:

By completing the attached exercise release, **I acknowledge and approve that this exercise release can be used for any of the following exercise programs offered at Griffin Health.**

☐ **GlucoseZone Exercise Program for Pre-Diabetes & Diabetes:** a moderate-intensity exercise program at the Griffin Hospital Fitness Center, located in the Hewitt Pavilion on Seymour Avenue. Aerobic, flexibility, and muscular condition exercises will be individually prescribed and practiced in our supervised Fitness Center, following the guidelines of the American College of Sports Medicine and the American Heart Association. Basic education regarding goal setting, stress reduction, nutrition and overcoming obstacles will be offered in educational sessions.

Program Office Phone: (203) 732-1369 Fax Number: (203) 732-3319

☐ **Weight Management Exercise Program:** a moderate-intensity exercise program at the Griffin Hospital Fitness Center, located in the Hewitt Pavilion on Seymour Avenue. Aerobic, flexibility, and muscular condition exercises will be individually prescribed and practiced in our supervised Fitness Center, following the guidelines of the American College of Sports Medicine and the American Heart Association.

Program Office Phone: (203) 732-7106 Fax Number: (203) 732-1418

☒ **Wellness for Life Program:** a lifestyle modification and chronic disease management program that will include a moderate-intensity exercise program at the Griffin Hospital Quarry Walk Center, located in Oxford, CT. Aerobic, flexibility and resistance training exercises will be individually prescribed and practiced in our supervised Fitness Center, following the guidelines of the American College of Sports Medicine and the American Heart Association. Education regarding goal setting, stress reduction, nutrition and overcoming obstacles will be offered in educational sessions.

Program Office Phone: (203) 732-1369 Fax Number: (203) 732-3319



## Griffin Hospital Exercise Referral & Release Form

Date \_\_\_\_\_

Patient's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Complete the following or send a current office note that includes the following:**

**Date:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **BP:** \_\_\_\_\_/\_\_\_\_\_  
**HbgA1c:** \_\_\_\_\_

**Medical Conditions**

_____ Prediabetes	_____ Smokes – Amount per day _____
_____ Diabetes	_____ Pulmonary or Breathing Problems
_____ Stroke (CVA)	_____ Orthopedic Problems – Explain: _____
_____ Hypertension	_____ Arthritis
_____ Hypercholesterolemia	
_____ History of Cancer – Type: _____	
_____ Heart Disease – DX _____	

**Additional pertinent Medical History:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any restrictions:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Medications and doses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give the above named patient my approval to begin exercising at the Griffin Hospital Fitness Center, with the recommendations and/or restrictions as listed above.

X \_\_\_\_\_ Date \_\_\_\_\_  
(Physician's Signature)

Please print provider information below:

Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_  
Phone Number \_\_\_\_\_

Please return fax to:

Griffin Wellness Department  
Phone: (203) 732-1369  
Fax: (203) 732-3319